MAIL TO: Office of the Attorney General Registry of Charltable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 Telephone: (916) 323-5079

WEB SITE ADDRESS: http://ag.ca.gov/charitles/

## COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

## 2002 ANNUAL FINANCIAL REPORT (California Government Code Seption 12599)

Fallure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1





| Nome and Address of Commercial Eund release   | Name and Address of Charitable Organization:                        |
|---|---|
| Name and Address of Commercial Fund-raiser:   |   |
|   | CT No   |
| Bee, L.C.   | Heart Support of America, Inc.                                      |
| 6849 Old Dominian Driva Suita 245   | Name of Charity   |
| 6849 Old Dominion Drive, Suite 315  | 6344 Clinton Hwy.   |
| McLean VA 22101 .   | Address of Charity  Knoxville  TN 37912                             |
|   | City, State, and ZIP Code of Charity                                |
| Figures from (check one): National Campaign California Campaign                       |   |
| Telemarketing held (on) (from) 1/1  | /2003 <u>20</u> , to 12/31/2003 <u>20</u>                           |
| (Type of Activity)  | (Date or dates must be shown)                                       |
| Is the contract between the commercial fund-raiser and charity based upon a formation | ee or percentage of revenue? (check one) Fee ☑ Percentage ☐ Other ☐ |
| 1. REVENUE  |   |
| A. Cash contributions   | 207.544.57 A.   |
| B. Entertainment sales or admission charges   | <u> </u>  |
| C. Sales from products  |   |
| D. Advertisement sales  | D.  |
| E. Membership fees . '  | <del>E</del> .  |
| F. Other sources: (Specify)   |   |
| a   |   |
| b   | Fb.   |
| C   | FC. '   |
| d   | Fd. 297,544,57  |
| G. TOTAL REVENUE  | <u></u>   |
| 2. EXPENSES   |   |
| A. Fees or commissions  | 173,630.24 A.   |
| B. Salaries   | B.  |
| C. Payroii taxes  | C.  |
| D. Employee benefits  | D,  |
| E. Cost of merchandise for resale   | ·E,   |
| F. Cost of entertainment  | F.  |
| . G. Postage  | 3.201.88 G.   |
| H. Advertising  | H.  |
| ). Telephone  | ],  |
| J. Rental of equipment  | . ل<br>   |
| K. Facilities charge  | K.  |
| L. Permits  | ٠   |
| M. Other expenses: (Specify)  |   |
| a. Bank Charges   | 3 301 52 Ma.  |
| , ,   | # 3 L   |
| b. <u>Data Processing</u> c. <u>Mail House Fees</u>                                   |   |
|   | <del></del>   |
| d. <u>Printing</u> N. TOTAL EXPENSES  | $\frac{2,729.00}{181,031.74}$ No.                                   |
| IV. TOTAL EXPENSES  |   |

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(California Government Code Section 12599)

Page 2

|  |  | 4  |
|--|--|--|
| . Amount to Charity (subtract line 2N from line 1G)  |  | 26,512.83 <b>3</b> .                                     |
| Less additional fund-raising expenses paid by charity (  | to be completed by charity)                              | 0.00   |
| 5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) 6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3)   |  | 0.00<br><u>5.</u>  |
|  |  | 26,512.83 <sub>6</sub> .                                 |
| (a) Does any officer, director, partner or owner of the organization for which the Commercial Fund-raiser [X] No If "yes," complete the following statement of the following statement  | has contracted to solicit?                               | r control over, directly or indirectly, the charitable   |
| Name of officer, director, partner or owner of<br>Commercial Fund-raiser   | Name and address of charitable organization              | Relationship of officer, etc. To charitable organization |
| **   |  |  |
|  |  |  |
|  |  |  |
| (b) For each affiliation identified in 7 (a), attach copy of the control of the c |  |  |
| HOMBRE Elle Dellell it is tract correct min combinator   | REGGEGWINA   | Managing Broch 1/16/0                                    |
| ignature of authorized officer (Commercial Fund-raiser)  | Printed Name   | Title Date   |
| his report must be signed by two officers or directors of th   | e charitable organization for verifying the distribution | on.  |
|  | James A. Hallibu   |  |
| ignature of authorized officer/director (Charity)  | Printed Name   | Titie  |
|  | Linda 5. Buyd  | Secretary 1-21-0   |
| Signature of authorized officer/director (Charity)   | Printed Name   | Title Date   |